

Dear Parent or Guardian:

We are writing to let you know that **(name)** School has been designated under the *No Child Left Behind Act of 2001* (NCLB) as a Title I school in Program Improvement. This designation means that the school has not made adequate yearly progress on the Utah Criterion Referenced Tests (tests of academic achievement) for two years in a row. **(Name)** School has been identified because **(list reasons for identification: subjects, subgroups, participation)**. The enclosed sheet **(enclosure with district and school AYP comparisons)** shows how your student's school compares to other schools in our district.

The program improvement designation provides an opportunity for principals, teachers, and parents to focus on areas of school improvement. The **(name)** District and the Utah State Office of Education are working with **(name)** School to improve teaching and learning especially in the areas of reading and mathematics, by providing technical assistance to the teachers and administrators within your school.

(Name) School is working to improve its academic program by **(list preliminary plans)**. However, parent support is essential to the success of the school improvement efforts. Communicating with your student's teachers, making sure your student attends school regularly, helping your student with homework, monitoring your student's television time, volunteering in the classroom, and participating in school decision-making are important. We want to request your help as the school addresses its academic needs, and we invite parents to serve on the committee that will develop a school improvement plan.

Under the Federal NCLB legislation, when a Title I school is identified as in need of improvement, parents have the option to:

1. Remain at the school and participate in the school improvement process; or
2. Seek enrollment in one of the designated schools below.

(List at least 2 schools, along with websites or brief descriptions, including AYP status)

While all parents will have the opportunity to indicate whether they want their students to attend another school, there is no guarantee that all students can be accommodated. If your student's application to enroll in another school is approved, the school district will provide transportation services. Transportation will be provided by the district until **(name)** School exits program improvement, but your student may remain at the new school until the highest grade is completed if you choose to provide transportation yourself.

Please be aware that the staff at **(name)** school has a relationship with your student and would like to continue serving all their students. If, however, you choose to apply for a transfer, fill out the form attached to this letter, and return it to **(place)**. We must receive your response no later than **(date)**. If you need assistance or have questions, please contact **(person/phone)**.

Sincerely,

District Superintendent, Title I Director, Principal

NO CHILD LEFT BEHIND ACT TRANSFER REQUEST FORM

Submitting this form indicates your preference to have your student enrolled in another school, but there is no guarantee that your student will be able to enroll in your first choice. Your response is due (**date**). Complete a separate form for each student.

Dear District Administrator:

I request that my student, _____, be considered for transfer to the following school based on space availability.

_____ 1st Choice

_____ 2nd Choice

IF YOU WISH TO HAVE YOUR STUDENT REMAIN AT HIS/HER CURRENT SCHOOL, NO RESPONSE IS NECESSARY.

Parent/Guardian Name

Student's Current School

Parent/Guardian Signature

Date

Phone Number